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with Military Personnel

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INTRODUCTION

While smoking cessation has received considerable attention within the military, the use of smokeless tobacco (chewing tobacco and snuff) has not been a focus of medical services or research. Epidemiological data suggest that while smoking has continued to decline both in the general population and within the military, the use of smokeless tobacco products has increased. The primary objective of this research is to develop and evaluate an intervention for smokeless tobacco cessation comprised of proactive recruitment, targeted written and video materials mailed to the participant, and phone call support. The primary hypothesis to be tested is that participants randomized to receive the intervention will quit their tobacco use at a significantly higher rate than participants receiving usual care. Active duty U.S. Armed Forces personnel stationed at military locations that are identified as current ST users when completing their annual preventive oral health assessment will be recruited to participate in a randomized two-group design that compares a brief contact intervention with the usual preventive health care. Follow up assessments by mail at 3- and 6-months after randomization will assess the impact of the program.

BODY

In the second year of our grant, we have completed the development of the materials used in the intervention, including a cessation manual and video tailored to military personnel. To optimize enrollment of volunteers into the trial, we conducted extensive training with six telephone counselors (most of them master's level psychologists) using materials we developed by adapting principles of Motivational Interviewing to the telephone counseling of spit tobacco users. After piloting our enrollment methods and materials in Year-1, we officially began recruitment of participants in Year-2 at nine military installations, eight Air Force bases and one Army post (see table in next section). A total of eleven dental clinics at those sites is participating. We continue to recruit additional Air Force, Army, Navy, and Marine sites and to enhance the effectiveness of our recruitment strategy. Toward that end, we have received IRB approval to post flyers at various locations announcing the study at the sites where recruitment is underway. Our protocol was recently approved by the Naval Hospital IRB at San Diego as we have recruited Camp Pendleton and the North Island Naval Base in San Diego to participate in this study. These sites represent the first Navy and Marine bases participating in the study and we expect to commence enrollment at the end of June.

Across all sites where we are presently recruiting, we have enrolled 128 participants to date. For the 64 participants assigned to the Treatment Group, we have completed approximately 84 telephone counseling calls. We are also now in the process of collecting 3-month follow-up assessments via mail. We use telephone surveys for participants not responding to mailed surveys.

Recruitment of Intervention Sites

Air Force and Army

Following are the Air Force and Army sites that have agreed to participate in our study. The point of contact (POC) is the person located on the base who will oversee the project at that base.

	Base	POC	Start Date
Air Force	Lackland AFB, TX (3 clinics)	Lt Col (Dr.) Alan Peterson	09/02/2003
	Kelly AFB, TX	Col (Dr.) Carlos Esquivel	09/02/2003
	Randolph AFB, TX	Lt Col (Dr.) Steve Bartel	09/08/2003
	Wright Patterson AFB, OH	Lt Col (Dr.) Jeff Cigrang	09/02/2003
	Brooks AFB, TX	Lt Col (Dr.) James Paukert	11/18/2003
	Dyess AFB, TX	Lt Col (Dr.) Marlin Moore	11/17/2003
	Sheppard AFB, TX	Capt (Dr.) Bruce Abe	11/18/2003
	Laughlin AFB, TX	Capt (Dr.) Mark Halverson	01/13/2004
	Army		
	Ft. Sam Houston, TX	CPT (Dr.) Elliott Bermudez-Colon	09/18/2003

The Lackland, Wright-Patterson, and Fort Sam Houston sites have cleared our protocol through their IRBs and have been enrolling participants. We anticipate the following bases to begin participating in our study in the next few months: Fort Drum, Fort Knox, Fort Leavenworth, Fort Polk, and Fort Sill. We will be meeting with key dental clinic staff at each base in the next two months to finalize their participation as an intervention site. If they agree to participate we will then submit an addendum to the either the IRB at Walter Reed Army Medical Center (WRAMC) or BAMC to add these sites to our study. The study protocol was approved by the WRAMC IRB on April 6, 2004 and this approval will allow us to work with Fort Drum dental staff in recruiting participants at this site.

Navy and Marines

Progress identifying Navy and Marine bases was slowed early in the process when concerns were expressed about our identifying a site for the intervention before the intervention had been approved through the Navy IRB. Our process with Air Force and Army sites had been to first gauge the interest of behavioral health personnel at the base who would be willing to work with us, and to then to go the IRB for that base to obtain approval. The Navy sites required that we first get general approval from the Navy before contacting individual sites. We then worked with Dr. Larry Williams and Dr. Mark Long to elicit the Navy's support of our intervention. After succeeding in this effort, we made contact with the Naval Dental Center Southwest and Camp Pendleton in San Diego, and Dr. Severson made a site visit accompanied by Dr. Williams to elicit the support of key personnel at this base. We then submitted our intervention protocol for review to the Naval Hospital which is the IRB of record for these bases and the IRB approved our protocol on May 11, 2004.

Distributing Cessation Materials

After the pilot testing of our intervention materials at three sites in Year-1, we are now sending materials to participants assigned to the Treatment Group who want to receive them across our

nine active recruitment sites. Copies of the *Enough Snuff Cessation* guide and the *Tough Enough to Quit* video program have been appended to this report.

Development Telephone Counseling Guidelines based on Principles of Motivational Interviewing

A crucial part of the intervention in this study is the phone call support given by project phone counselors. We have developed telephone counseling guidelines that incorporate Motivational Interviewing (MI) techniques to reinforce participants' own motivation for quitting smokeless tobacco. Our consultant in developing the scripts was Kathy Mount, an MI trainer who trains Tobacco Quitline counselors and has experience with both tobacco cessation counseling and the use of MI techniques in research projects. In July of 2003, Kathy Mount traveled to Lackland AFB to train our project phone counselors in Motivational Interviewing techniques. Following that training workshop, we conducted a series of one-half day in-service training sessions with the phone counselors to give them plenty of practice at using and refining the counseling call guidelines and receiving feedback on their motivational interviewing techniques. We continue to conduct regular supervision sessions with phone counselors to ensure quality and consistency of counseling calls across counselors and across time.

Development of Data Entry/Management System

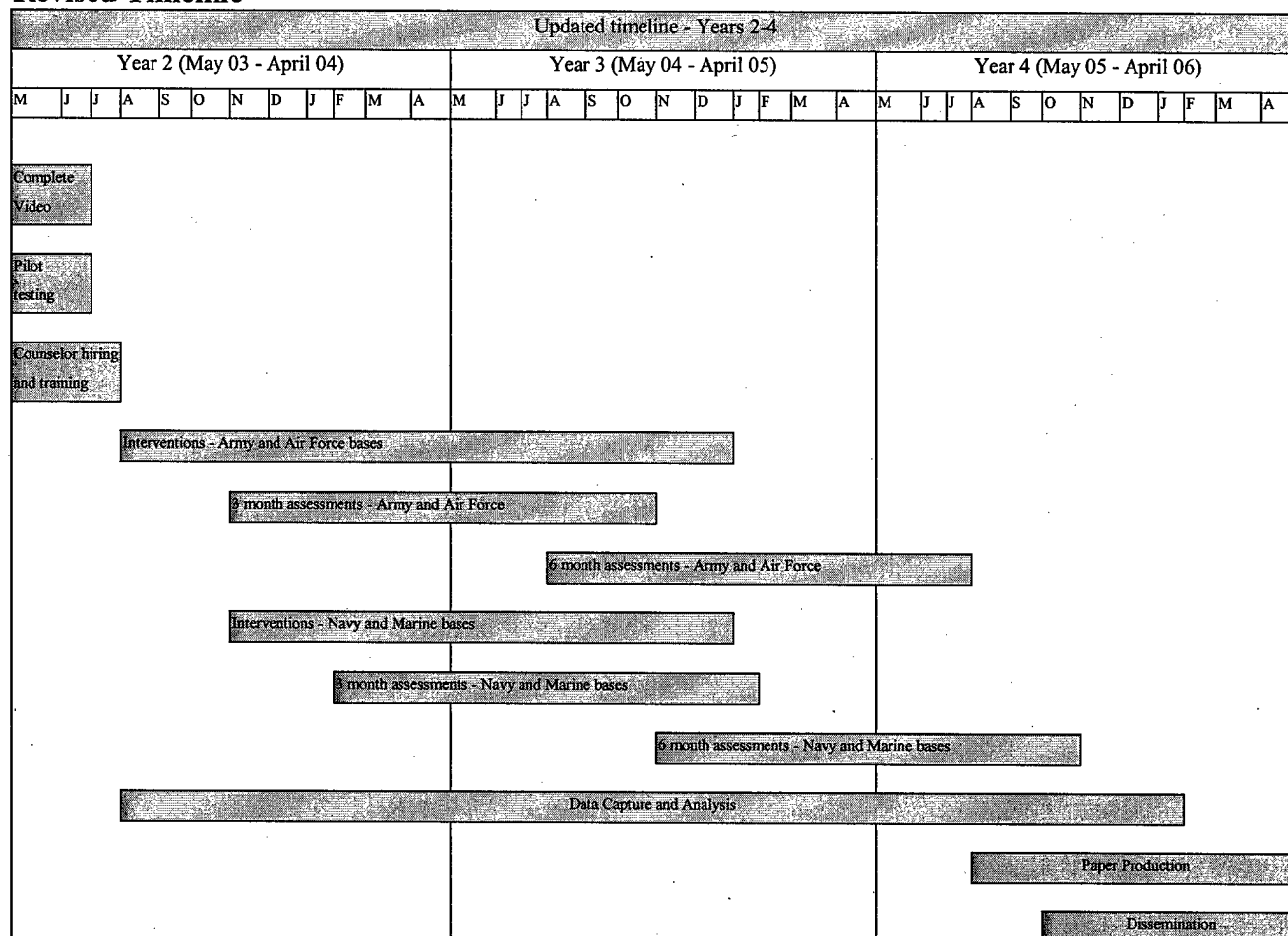
In this study, data are collected at various points in time at both research sites – Oregon Research Institute (ORI) in Eugene, OR, and USAF Wilford Hall Medical Center (WHMC) in San Antonio, TX. We collect baseline tobacco use data along with consent information from participants at the various dental clinics at the time of participant enrollment. Those data are forwarded by the clinics to ORI for data entry. We collect various data points from participants in the Treatment Group at the time of telephone counseling conducted out of the WHMC research site. We conduct follow-up survey assessments by mail with all participants, in both Treatment and Control Groups, at 3- and 6-months post enrollment and those assessments are both sent and processed at ORI by project staff. If the participant does not respond to requests to complete the mailed survey, we call them to conduct a telephone survey, using the same questions.

In order to centralize and effectively manage the myriad data collected at both sites, in Year-2 we developed, tested, and implemented an electronic database management system at the ORI site. The system is accessible by research staff at WHMC through a virtual private network (VPN) that completely protects participant confidentiality and allows WHMC research staff in Texas to accomplish data entry and updates as needed. In addition to being a repository for collected data, the system also serves a scheduling function. It schedules the dates for the three counseling calls to Treatment participants, as well as dates for follow-up assessments. The database that is evolving provides the basis for all data analysis procedures to be conducted at the conclusion of the data collection phase.

The database development and shared input by staff at WHMC and ORI is a key step in the project. The data entry is all done at ORI where the enrollment data and all follow-up data are stored in secure files by participant number. However after randomization of the participant is completed any participant assigned to the Treatment condition will be contacted by phone. All

phone contacts are done by phone counselors at WHMC, and the information they collect needs to be inputted into the database for that participant. The VPN connection allows the counselor to enter key data for the participant into the database. The counselor can also access the database prior to the call to determine the degree of readiness to quit, amount of ST used and other relevant information to use in their motivational interview phone calls.

Revised Timeline



KEY RESEARCH ACCOMPLISHMENTS

- Completed and produced tobacco cessation materials for use in intervention
- Hired and trained telephone counselors
- Initiated formal enrollment of participants at eleven dental clinics across nine military sites
- Coordinated expanded recruitment to seven additional sites, two Air Force and five Army installations
- Completed IRB requirements at Walter Reed Army Medical Center, Fort Drum and other army bases within the WRAMC jurisdiction. Also completed IRB application at the Naval Hospital in San Diego to expand study to Camp Pendleton Marine Base and North Island Naval Base in San Diego
- Developed an electronic database accessible to WHMC staff for all participant data

REPORTABLE OUTCOMES

None.

CONCLUSIONS

We are still in the enrollment phase of our study and we have no conclusions to report at this time. We have experienced significant delays in our project due to difficulties in the IRB review process and the project is at least 6 months behind schedule at this time. There are several points to make on the IRB process. First, the lack of coordination and cooperation between IRB's of the different branches of the service has resulted in both delays and frustration. For example, the review by the WRAMC IRB took 6 months to complete and required significant changes in both the Consent and HIPPA forms to meet their requirements. Even after the review was completed, the final approval is being withheld because our materials and WRAMC approval must first be forwarded to the Medical Research and Materiel Command at Fort Detrick for another review. The review of the approval done at WRAMC is delayed because even an expedited review of the approved protocol requires a staff review and memo to the supervisor at Fort Detrick. This results in an additional delay which can take 4-8 weeks.

We also experienced a similar delay in the review by the Navy IRB. The Navy IRB had additional unique requirements for their process and the completion and review of our protocol by the Naval Hospital IRB in San Diego took over 6 months. It has been very frustrating to manage a project when we are confronted by numerous obstacles and delays due to numerous IRB reviews. The lack of coordination and cooperation between IRB's of the different branches of the service is a major impediment to conducting research at multiple sites. It is particularly frustrating to us, since this project is of such minimal risk as to be viewed as exempt by some IRB's. We are simply trying to evaluate whether phone call support to active duty military personnel can aid in their quitting their use of snuff or chewing tobacco. Unfortunately some IRB's have treated this protocol the same way that one might consider an experimental drug trial. In our opinion there is a lack of flexibility among IRB committees to view a protocol as minimal risk and conduct a population study such as we proposed. Both the Army IRB at WRAMC and the Navy IRB had extensive additional text that needed to be added to the Consent and HIPPA forms and this will make the enrollment of participants in the study much more difficult than necessary. We now have three different Consent and HIPPA forms being used on different bases because there is no agreement as to what is required.

We hope that there is some administrative review of the IRB review process and that procedures are put in place that could provide more timely and coordinated review of protocols that involve minimal risk. We expect to continue enrollment of participants until at least December 2004 in order to maximize our enrollment of study participants and complete our follow-up assessments within the funding period for the project.

We are now proposing to collect the final follow-up assessment from study participants at 6-months post enrollment and not at 12-month post enrollment we originally proposed. The reason for this request is both scientific and practical. First of all there is now a document from the study group of the Society for Research in Nicotine and Tobacco (SRNT) which has recently

published a standard for assessment in tobacco cessation trials (Hughes, Keely, Niaura, Ossip-Klein, Richmond, & Swan 2003) and they have recommended that 6-month follow-up is both adequate and normative for randomized trials evaluating tobacco cessation. They also recommended continuous cessation as a measure in which the participant is asked if they have used any tobacco in the past 6-months and this will also be assessed. We will also assess the consecutive cessation, as measured by self report of cessation at both the 3- and 6-month follow-up assessment.

Two other reasons for this request are practical. We have spent so much time in securing IRB approval for our study and in recruitment of participant bases we are in danger of not completing the study enrollment and follow up within the grant funding period. Secondary, but also important is that the probability of deployment increases as a function of the length of time between the baseline and each follow-up assessment. We have already experienced the effects of deployment on access to active duty participants for our 3-month survey and we think that the longer follow-up would further compound this attrition. This is a serious potential hazard we wish to avoid as this study has great potential for dissemination within the military if successful and we want every opportunity to complete the full evaluation of this intervention. We have submitted our request for an expedited review so we can implement the small changes in the consent forms, posted ads for the study and the follow-up survey instruments. We have enclosed all of the current forms with the modifications shown in bold for easy identification of the requested changes in forms. This change to the protocol has been approved by the following IRB's: Oregon Research Institute, Wilford Hall Medical Center, and the Naval Medical Center in San Diego.

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APPENDICES

- Enough Snuff: A guide for quitting smokeless tobacco. Copyright 2003. Herbert H. Severson and Judith S. Gordon. Eugene, OR: Applied Behavior Science Press. Sixth Edition.
- Tough Enough to Quit: A Video Program to Help You Quit Spit Tobacco. Copyright 2003, Oregon Research Institute. Herbert H. Severson, Judith S. Gordon, and Steve Christiansen, script authors. Video to supplement the Enough Snuff manual as a self-help smokeless tobacco quitting program.
- Revised Consent Form (Under Review by Department of Defense IRB Fort Detrick)
- Revised Baseline Survey (Under Review by Department of Defense IRB Fort Detrick)

Enough

SMOKE



QUITTING SMOKELESS TOBACCO
A GUIDE FOR MILITARY PERSONNEL

Herbert H. Severson, PhD, Judith S. Gordon, PhD

Applied Behavior Science Press

Enough SNUFF

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Applied Behavior Science Press
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Herbert H. Severson, PhD
Judith S. Gordon, PhD

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A final credit is due to our readers and to those who have offered suggestions for revisions to this guide. It is to them that we continue to dedicate this book.

Herbert H. Severson & Judith S. Gordon
March 2003

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Introduction

Congratulations on your decision to stop using smokeless tobacco! Your reasons for quitting snuff or chewing tobacco are unique to you. The truth is that an increasing number of military personnel in all branches of the service are finding good reasons to quit all tobacco products.

The global interests and responsibilities of the United States require a professional, well-trained, and ready joint military force. Many military members are deciding that the use of smokeless tobacco and other tobacco products is hindering their ability to rapidly deploy and focus 100% on mission accomplishment. We applaud your interest in quitting tobacco products. We hope that this guide will help you achieve your goal of a tobacco-free life.

This guide provides you with a four-step process for quitting.

1. Get Ready

2. Plan to Quit

3. Deal with Withdrawal

4. Stay off Chew or Snuff

Use this guide to help you break your tobacco habit now and stay off chew.

Key Steps in Quitting

There are four steps in quitting snuff or chewing tobacco. They are:

1. Get Ready

- Track use patterns
- Assess addiction
- Determine readiness to quit
- Review reasons for quitting

2. Plan to Quit

- Select a quit plan
- Set a quit date
- Get support

3. Deal with Withdrawal

- Drink liquids and stay active
- Use chew substitutes
- Use nicotine replacement
- Consider Zyban®
- Try relaxation exercises

4. Stay off Chew and Snuff

- Anticipate tough situations
- Plan ahead for urges
- Try again

This guide is organized around each of these steps. Follow the steps and select the quit plan that you want to use.

1. Get Ready

The first step in your quit attempt is to get ready. To get ready, you will want to:

- Track your use of snuff or chew,
- Take a look at your level of addiction to tobacco,
- Review your reasons for wanting to quit, and
- Figure out your readiness to quit at this time.

TRACK USE PATTERNS

The Tobacco Use Survey on the next page is a way for you to track your pattern of smokeless use and your level of cigarette and alcohol use. Smoking and drinking alcohol often accompany smokeless tobacco use and can affect your success in quitting. Complete the survey and then use the information on page 12 to determine your pattern of use.

Tobacco Use Survey

Use of Smokeless

1. What form of smokeless do you use?
☐ moist snuff ☐ loose leaf chew ☐ plug ☐ twist ☐ other
2. What brand of chew or snuff do you use? _____
3. How many years have you regularly dipped/chewed tobacco? _____ years
4. Do you use smokeless tobacco every day? ☐ yes ☐ no
5. How long have you used smokeless daily? _____ years _____ months
6. How many days does a tin/pouch last you? (please circle your answer)
1 2 3 4 5 6 7 8 or more
7. On average, how many dips/chews do you take each day?
____1-3 ____4-6 ____7-9 ____10 or more
8. How many of your five best friends use smokeless tobacco? (please circle)
none 1 2 3 4 5

Optional: What is your daily use pattern? On page 14 there is a form which can be used to help you evaluate your daily use of snuff or chew. This can help you see the times of the day that you use chew and the level of need you feel for each chew/dip.

Smoking

9. Have you ever smoked tobacco regularly? ☐ yes ☐ no
If yes, what did you smoke? ☐ cigarettes ☐ cigars ☐ pipe
10. Do you currently smoke tobacco? ☐ yes ☐ no
If yes, how much do you smoke? _____ (number of cigarettes/cigars per day)
11. Did you ever smoke while trying to quit dipping or chewing? ☐ yes ☐ no

Quitting

12. How many times have you made a serious attempt to quit using smokeless tobacco in the last 12 months? ☐ none ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more
13. How long has it been since your last attempt to quit using smokeless tobacco?
_____ months _____ I have not attempted to quit
14. Are you currently experiencing any oral health problems you can trace to your use of smokeless? (sores in mouth, bleeding, receding gums, etc.) ☐ yes ☐ no

Alcohol

15. In an average week, how many drinks of alcohol do you have? (one drink = one glass of beer or wine or one shot of liquor)
____none ____1-5 ____6-10 ____11-15 ____more than 15
16. In the past month, how many times did you have 5 or more drinks on a single occasion? ☐ none ☐ once ☐ twice ☐ three ☐ four ☐ 5 or more

Tobacco Use Survey (continued)

What Your Answers Mean

Use of Smokeless

If you use chew daily, use a high-nicotine brand such as Copenhagen (see chart on page 26), have friends who use chew, or have used smokeless for years, then chew or snuff is a big part of your life. You may want to use nicotine gum or patches if you have tried to quit and found it difficult. You may also want to avoid your friends who chew or dip for the first few days after you have quit (Questions 2, 3, 4, 5, 6, 7, & 8).

Smoking

If you smoke cigarettes, especially when you're trying to quit dipping or chewing, it will be more difficult for you to quit the smokeless habit. Stop the use of all tobacco. Don't smoke cigarettes or cigars when quitting (Questions 9, 10, & 11).

Previous Quit Efforts

If you have previously tried to quit, your chances of success are good. By trying to quit, you have shown how much you want to quit. Many people do not quit the first time they try, but succeed with later attempts (Questions 12, 13, & 14).

Use of Alcohol

If you drink alcohol often (4 to 7 times a week), or consume 5 or more drinks at a time, you may have a harder time quitting your smokeless habit. Smokeless users often dip or chew more when they drink alcohol. Try to cut down or quit using alcohol while you quit smokeless (Questions 15 & 16). The use of alcohol with chew or snuff greatly increases your risk of oral cancer.

ASSESS ADDICTION

This step is helpful in determining whether you should use either nicotine gum or patches as a nicotine replacement in your plan for quitting. The scale below will assess your dependence on, or addiction to, snuff or chew.

Smokeless Tobacco Dependence Scale ©

Instructions: Circle your response to each question and total the points to obtain your score. Points for each response are in parenthesis. (Total scores range from 1 - 11)

1. How many tins/pouches of smokeless tobacco do you typically use each week?
A. 1 or less (1) B. 2 - 4 (2) C. 5 or more (3)
2. How often do you use smokeless tobacco?
A. 1 day per week or less (0) B. 2 - 5 days per week (1) C. 6 - 7 days per week (3)
3. Do you intentionally swallow tobacco juices? A. no (0) B. yes (1)
4. Do you use smokeless tobacco when you are sick or have mouth sores?
A. no (0) B. yes (1)
5. How soon after waking from your normal sleeping period do you use chewing tobacco or snuff?
A. more than 30 minutes after waking (0) B. within 30 minutes of waking (1)
6. Do you smoke cigarettes? A. no (0) B. yes (1)
7. Is it difficult for you not to use smokeless tobacco where its use is restricted or not allowed? A. no (0) B. yes (1)

Total Score: _____

Scoring:

If you scored 4 or less, you are slightly addicted. Quitting cold turkey is recommended (page 24).

If your score is 5 or 6, you are moderately addicted to chew or snuff. You may want to reduce your use of chew before quitting and plan for some withdrawal symptoms.

If you have a score of 7 or more, you are highly addicted and dependent on smokeless. You should consider using nicotine gum, nicotine skin patches, or Bupropion (Zyban®) as a way to reduce withdrawal symptoms.

Smokeless Self-Monitoring Form

Instructions: Copy this page and wrap it around your tin or pouch of smokeless. Fasten the sheet with a couple of rubber bands. Complete the information for each dip or chew for the day. Use a new page each day and monitor for 5-7 days.

Day of The Week: _____ Date: _____ SLT Brand: _____

[illegible]

* Rate how important this particular chew or dip is to you using the following rating scale:

(1) Least important
(2) Below average
(3) Average

(4) Above average
(5) Most important

DETERMINE READINESS TO QUIT

Are you ready to quit your use of chewing tobacco or snuff?

The first step is to determine your readiness to quit. One way to assess your readiness is with a Readiness Ladder.¹ Each rung on this ladder represents where various chewers are in their thinking about quitting. Circle the number that indicates where you are now.

READINESS LADDER

10	• I am ready to quit now.
9	
8	• I have cut down or am seriously thinking about quitting.
7	
6	• I am thinking about cutting down or quitting spit tobacco.
5	
4	• I think I should quit but I'm not quite ready.
3	
2	• I think I need to consider quitting some day.
1	
0	• I am not ready to quit.

1. Adapted from Beiner, L. & Abrams, D.B. (1991). The contemplation ladder: Validation of a measure of readiness to consider smoking cessation. *Health Psychology*, 10, 360-365.

To increase or firm up your motivation to quit, continue to the next section of this guide to identify your reasons to quit.

REASONS FOR QUITTING SMOKELESS

1 ■ Both snuff and chew cause sores in your mouth.

"When I quit using Copenhagen it scared me because my gums were dropping so fast and they were irregular. It scared me into quitting."

-- Pat

"I got my teeth cleaned, and after the appointment, my dentist sat me down and really strongly suggested that I quit chewing 'cause it started making little white bumps along my gums and it started to wear my gums out."

-- Jerry

These white patches or sores in your mouth are called leukoplakia (loo-ko-play'-kia). These lesions form where you keep your tobacco and can lead to cancer of the mouth! They occur in over half of all users in the first three years of use. Studies have found that 60-78% of users have oral lesions. It is important to look for lesions in your mouth and on your tongue. This is best done by a dentist or hygienist. (See Appendix A for instructions on how to "Check Out Your Mouth.")

Level 2 Lesion

Note the rough appearance of the tissue and mild furrows or folds in the tissue. Skin often has white coloration.



2. Smokeless tobacco contains many harmful substances.

Snuff and chewing tobacco contain cancer-causing elements. These chemicals are called nitrosamines (ni-tro-sa-meens) and have been proven to cause cancer. Small amounts of nitrosamines are contained in bacon, beer, and other foods, but snuff contains up to 1200 times the amount allowed in food.

Additionally, smokeless tobacco contains 30 metals and a radioactive compound called polonium-210. Smokeless also contains high concentrations of salt, which can contribute to high blood pressure. In addition, the sugar added to smokeless during processing can cause cavities in teeth.



Level 3 Lesion

Skin is more furrowed or has deep folds in the tissue. Bumps are more evident. The skin is a different color on the lesion than on the rest of the mouth. (Also note how the gum is peeling away from the teeth. This can cause loss of teeth.)

3. Smokeless tobacco increases your chances of getting cancer.

One person dies of oral cancer every hour of every day in the United States. The constant exposure to tobacco juice can cause cancer of the esophagus, pharynx, larynx, and even the stomach and pancreas. Your chances of getting some types of cancer are 50 times greater than for a nonuser. You may think this happens only with 20 years of use, but in some cases it has happened with only 5 years of regular use. There are 32,000 new cases of oral cancer every year in the U.S., and the vast majority of these are due to tobacco use.

4. Smokeless tobacco causes gum disease.

Regular use of smokeless tobacco causes gum recession or peeling back of gum tissue. This recession, or loss of gum, can lead to bone loss and even loss of teeth.

"My dentist would look at me and say 'Why do you continue doing this, Bob? You need to quit, because your teeth are not looking very good, even though you brush 'em, it seems like you don't brush 'em, because you continue to put a pinch in between your teeth and your lip and it stains them.'"

-- Robert

5. Smokeless tobacco increases blood pressure and heart rate.

Give your heart a break and be healthier by quitting snuff or chew. Recent studies confirm that smokeless users have a higher risk of heart disease and heart attacks than non-users.

"My doctor said that the nicotine in chewing tobacco is taking a toll on my blood pressure, which makes me a high blood pressure victim and if I quit, my blood pressure will go down."

-- Joanne

6. Nicotine is highly addictive.

When you use chew or snuff regularly, you become physically and psychologically addicted to nicotine. Your body craves nicotine, and you experience withdrawal symptoms when you don't have a dip or chew. One reason to quit is to beat your addiction and free yourself of your dependence on nicotine.

"In an operational setting it's difficult if you put yourself in a position where you are routinely addicted to some substances that you are not going to get... like in Bosnia there were times when you just weren't going to get it and those are bad situations to be in."

-- Jeff

7 ■ Using smokeless tobacco can compromise your military readiness.

Being physiologically addicted to a substance can get in the way of your performance in the line of duty. Military readiness requires that you be ready to perform your best at any time. If you are addicted to smokeless tobacco and it's not available to you at a deployment location, you could experience psychological and physical detriments from nicotine withdrawal.

"The stress that you are under during the initial stage of the deployment, the first 30 days, that's the worst time of the whole deployment. You go through your separation anxiety from your family and you're learning the whole new routine, but if you add "Well I'm going to have to quit Copenhagen at the same time because it is not available" on top of that then you're in for a rough 30 days."

--Ted

8 ■ Chewing tobacco or snuff is an unclean, unattractive habit.

Spitting tobacco juice is messy and ugly. Using snuff or chew stains your teeth, leaves particles of tobacco in your teeth and mouth, and gives you bad breath. Quitting can clean up your smile and make you more attractive to others.

"My wife hated it for years -- didn't say anything to me. Eventually it was a factor, not a big factor, but a factor in our divorce: 'I hate the way your breath smells. I don't want to kiss you anymore.' And I know guys who go through life like this, they've been married for 20 years and it's affected their marriages."

--J.D.

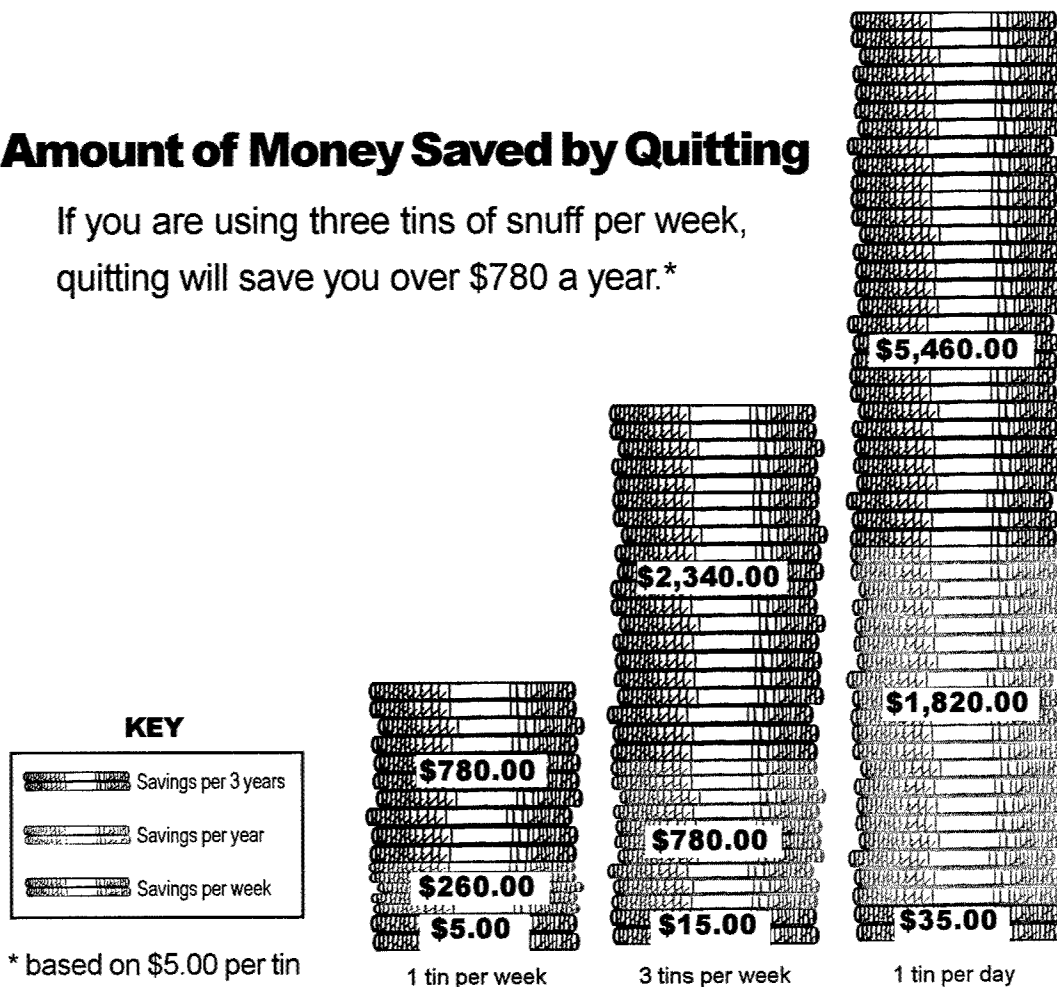
9. Chewing tobacco is an expensive habit.

You are spending a lot of money on chew or snuff that you could use for other things in your life. Use the chart below to estimate the amount of money you could save by quitting now. Think of what else you could buy with this money!

"It can cost you in excess of \$20 – 30 dollars a week — every week, every year. You can do the math yourself and find out that you could spend the money on something else besides that."
-- Randall

Amount of Money Saved by Quitting

If you are using three tins of snuff per week, quitting will save you over \$780 a year.*



10 ■ Using smokeless makes you a bad role model.

You may be concerned that your chewing or dipping could encourage your children, the people you supervise, or other people who look up to you to use snuff or chew. When you use snuff or chew, friends or family members may think it is okay for them to chew. Children who grow up in a household where tobacco is used are much more likely to grow up to be tobacco users themselves. Be a healthy role model and stop using tobacco.

"My daughter, just this past year, said for her birthday she didn't want a present, she just wanted me to quit tobacco."

-- Mark

"My biggest concern is that I have two small children. If I am able to quit relatively soon they will never know and won't have any memory of it, and I don't want them to know. The last thing I want is to see my son come in the door with Copenhagen in his mouth."

-- Kevin

"As an military training instructor I'm a role model, I don't want to influence the younger guys into picking up my bad habit."

-- Jake

.....

"I quit when my wife was pregnant because she didn't like the idea and I didn't want to do anything that would upset her, to help her with the child. So I quit and I didn't have any problems because it was the right reason. The other times I've quit because of the wife, the kids, other people wanted me to. This time I want to quit, it's for my reasons and I think I'm having a lot better time with it."

-- John

Review Your Reasons for Quitting

In addition to these ten reasons for quitting, you may have other reasons for wanting to quit. The important thing is that you need to **want to quit**. You need to be motivated. Identifying and reminding yourself of **your** reasons for quitting will help you to quit and stay off chew. It is important to review health consequences of using chewing tobacco and focus on the benefits of quitting. Remember, you will save money and be healthier, in control, and free of your addiction!

List Your Reasons for Quitting Here:

1.

2.

3.

4.

5.

6.

7.

8.

9.

Most Important Reason...

(List your most important reason for quitting above)

**THINK OF THE BENEFITS OF QUITTING.
BEAT YOUR HABIT AND TAKE CONTROL OF YOUR LIFE.**

2. Plan to Quit

SELECT A QUIT PLAN

There are two major ways to quit smokeless, Cold Turkey and Nicotine Reduction. Both approaches are described in the pages that follow. Read about each approach and then choose the method you want to use.

Cold Turkey

Most users prefer to quit by abruptly and totally stopping their use of smokeless. In this method you choose a quit date, get ready by preparing yourself, and on that date, you quit all smokeless use.

"When I chose to quit cold turkey, I used exercise to replace the use of tobacco."

-- Al

Nicotine Reduction

In this method, you gradually reduce the amount of nicotine you're exposed to and gradually reduce your dependence on chew and snuff. Some people find this planned gradual decrease is easier since you are reducing the amount of nicotine you use before going cold turkey. This method can reduce the withdrawal symptoms you experience when you quit altogether.

"When I started gradually cutting down I thought of substitutes like bubble gum, and then what I found to work was Tic Tacs, the plain white Tic Tacs."

-- Tiger

The Cold Turkey Approach to Quitting

STEP 1. Set a quit day (1-14 days away). Pick a day that is less stressful or one that includes a significant event (i.e., a birthday).

STEP 2. Get ready. Tell friends and family of your quit day. Read the manual and develop a plan for handling rough times when you will be tempted to chew. If you are going to use nicotine gum or patches, have them ready.

STEP 3. On the quit day, get rid of all snuff or chew. Also, throw away any items that remind you of chew or snuff (hats, shirts with logos, spit cups, etc.). Do not smoke cigarettes, cigars, or a pipe when quitting your chew or snuff. All tobacco products contain nicotine, and if you switch to smoking you will still be dependent on tobacco. The goal is to stop using all tobacco products!

WHAT DO YOU SEE AS THE PROS AND CONS FOR THE COLD TURKEY APPROACH?

PROS:

1. _____

2. _____

CONS:

1. _____

2. _____

"The 'quit date' was probably the most important aspect of this program. I'd tried to quit in the past, but wasn't successful. I had to set a date and stick to it. That way I made a commitment to myself and to others."

-- Shane

Nicotine Reduction Approaches to Quitting

These methods are designed to slowly reduce the amount of nicotine that you are getting. Nicotine reduction allows you to use smokeless while you gain more control over your habit. By gradually reducing your nicotine level, you will have fewer withdrawal symptoms. The three most common nicotine reduction approaches are: brand switching, nicotine fading, and blending.

Brand Switching

- STEP 1.** Set your quit day for two weeks from now.
- STEP 2.** If you are a snuff dipper, switch immediately to another brand of snuff that has a lower nicotine content. *For example:* if you use Copenhagen, which has a high nicotine content, switch to a medium nicotine product, like Skoal Long Cut.
- STEP 3.** After one week, switch to a low nicotine brand of snuff, such as Hawken. At the end of the second week, you will be less dependent on nicotine and ready to quit using smokeless. If you use chewing tobacco, switch to a low-nicotine snuff brand for one week or switch to a different chewing tobacco, using Table 1 on the following page as a guide.
- STEP 4.** On the quit day, get rid of all snuff or chew. Also, throw away any items that remind you of chew or snuff (hats, shirts with logos, spit cups, etc.). Remember to stop using all tobacco products!

Caution: You must be careful not to use more dips or larger dips after you switch brands. This will defeat the purpose of brand switching to lower your nicotine level.

Nicotine Content of Snuff Brands

Product

Level of Nicotine

(percent of free nicotine)



Skoal Original Fine Cut Wintergreen	Medium High (28%)
---	-------------------

Skoal Long Cut Straight Cut Wintergreen Cherry	Medium (19-23%)
--	-----------------

Skoal Bandits Classic Wintergreen Hawken Wintergreen Gold River Long Cut	Low (7-10%)
--	-------------

Adapted from Henningfield, Radzius, & Cone, 1995. In *Tobacco Control*, 4(1): 57-61.

WHAT DO YOU SEE AS THE PROS AND CONS FOR THE BRAND SWITCHING APPROACH?

PROS:

1. _____

2. _____

CONS:

1. _____

2. _____

"Tapering off worked for me. I chewed for 20+ years and never knew what brand was stronger. Your book educated me in not only the irritation hazards but also the chemical hazards."

-- Malcolm

Nicotine Fading

Whether you dip or chew, there is another method of cutting down that you can use. This method of gradually weaning yourself away from nicotine reduces the number of dips or chews you have per day.

STEP 1. Set a quit day for two weeks from now.

STEP 2. Monitor your use for at least five days. Keep track of the number of dips or chews you use each day. (Self-monitoring form is on page 14).

STEP 3. Decrease the amount you use by 1 or 2 dips or chews per day. For example, drop the first chew of the day, or the last one. Pick situations or places that you now chew or dip that you can go without. Plan each day how you will take control.

STEP 4. When you're at half of your normal number of dips or chews, you should quit all use of smokeless. On the quit day, get rid of all snuff or chew. Also, throw away any items that remind you of chew or snuff (hats, shirts with logos, spit cups, etc.). Make sure you don't use any other type of tobacco!

WHAT DO YOU SEE AS THE PROS AND CONS FOR THE NICOTINE FADING APPROACH?

PROS:

1. _____

2. _____

CONS:

1. _____

2. _____

*"I always say
don't worry about
the stuff you can't
control; well this
is something I can
control and I have
to take control of
it."*

--Tommy

Blending

This method involves blending your snuff with a non-nicotine product to reduce the amount of nicotine you absorb, while maintaining some of the accustomed flavor and taste. This method allows you to gradually reduce the amount of nicotine received. This method works best if the total number of tins used per week stays the same as it did before you began blending. You can experiment a little with the blend and the non-nicotine product used to blend. Users report that this method has worked for them and gradually fades out the flavor of their usual brand of snuff.

- STEP 1.** Set a quit day for two weeks from now.
- STEP 2.** Buy a tin of snuff substitute product, such as Mint Snuff, Golden Eagle, Smokey Mountain, or BACC OFF (a complete list of substitute products may be found in **Appendix B** pg. 46).
- STEP 3.** Blend equal amounts of the non-nicotine substitute product and your usual brand of snuff. Use this mixture for one week.
- STEP 4.** Blend two parts of non-nicotine substitute with one part of your usual brand, to reduce the nicotine intake level to $\frac{1}{3}$ of normal. Use this blend for another one week.
- STEP 5.** Finally, switch entirely to the non-nicotine product.
- STEP 6.** On the quit day, get rid of all snuff or chew. Also, throw away any items that remind you of chew or snuff (hats, shirts with logos, spit cups, etc.). Remember not to smoke cigarettes, cigars, or pipes!

WHAT DO
YOU SEE AS
THE PROS
AND CONS
FOR THE
BLENDING
APPROACH?

PROS:

- 1. _____
- 2. _____

CONS:

- 1. _____
- 2. _____

SET A QUIT DATE

Pick a day to quit. Choose a date within the next two weeks and mark it on your calendar or use the calendar on page 30. Don't delay or put it off. Don't make excuses or postpone your quit date.

- Choose a quit day that will be least stressful to you. For example, pick a weekend day if you want to avoid work-related stress. Choose a work day if you want to avoid high-risk times like fishing or hunting. Avoid situations where you will want smokeless the most.
- Choose a date that will give you enough time to make your quit plan.
- Remember, there is no perfect time to quit. Just pick a date and stick to it.
- Let someone you care about know your quit day.

"I think the quit date is important, it is an integrity thing. You know, once I make that date and I announce that date I don't want to have to go back to my family, friends, co-workers, or anybody who happens to know and admit that, you know, I screwed up. I don't want to do that."

--Chris

My quit date is _____.

**This is the right time to quit. Don't put it off.
It will not be easier later.
Face it now, get mentally ready, and quit.**

Quit Calendar

A calendar helps with your quit plan. Set your day to quit and prepare. For nicotine reduction quit methods you will need to set dates for either changing brands, using less chew, or using a different blend of reduced nicotine snuff. Mark your quit day below, or on your own calendar at home.

(Month)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

GET SUPPORT

Don't keep your decision to quit a secret. Research has shown that if you get the support of friends and family, you are going to be more successful in quitting. Quitting takes work and energy. It will be easier if you have the support of friends and family. Explain that you might be irritable or cranky when you are withdrawing from smokeless. Friends and family can give you support and encouragement. Telling others also helps you stay with your decision. Making a **public commitment** to others helps you stay firm in your decision to quit. Share the **Do's and Don'ts** on the next page with your friends or partner.

I have told _____ and _____ that I am quitting the use of all tobacco products.

POSSIBLE SUPPORTERS

- Brother/Sister
- Mother/Father
- Uncle/Aunt
- Spouse/Partner
- Co-workers
- Coach
- Friends
- Neighbors
- Clergy

"My friends were pretty supportive. You just have to reiterate that you're sincere about quitting, that you really want to stop, that you really don't want to be offered any more."

--Richard

"Several of the soldiers in my unit agreed that we wanted to quit together and we were all in it together in sort of a support role. Having everybody in the group that we work closely with quit at the same time was a key factor so we didn't have to see it around or see other guys using it. Plus we were there every day to gripe to each other about how we felt or how anxious or stressed we might be and to derive that support."

--Jim

Support from Friends and Family

Friends and family members may want to help you quit but are not sure what to do. Here are some ideas to share with them. These ideas emphasize the use of positive approaches, rather than negative ones. Studies have shown that people who receive more positive feedback (like compliments) are more likely to quit tobacco use than people who receive negative feedback (like nagging).

Here are some ideas for ways for your friends and family to help:

Do's and Don'ts

Do:	Congratulate them for their decision to quit when they've made that decision.	Don't:	Ask them to quit using smokeless tobacco.
Do:	Compliment them for not using snuff or chew.	Don't:	Try to talk them out of taking a dip or chew.
Do:	Help them think of and use non-tobacco substitutes for dipping and chewing.	Don't:	Comment on their lack of willpower.
Do:	Celebrate their quitting with them and express pleasure at their efforts to quit.	Don't:	Criticize their chewing.
Do:	Express confidence in their ability to quit or stay quit.	Don't:	Express doubt about their ability to quit or stay quit.
Do:	Help them calm down if they are feeling stressed or irritable. Participate in an activity that keeps them busy and distracts them from chewing (for example, going on a walk or doing some project together).	Don't:	Refuse to let them chew in the house or around you.
Do:	Let them know how nice it is to be around them when they aren't using snuff or chew.	Don't:	Comment that snuff or chew is a dirty habit, or mention being bothered by their breath or looks when they chew.

3. Deal with Withdrawal

Your body is physically addicted to nicotine, a powerful drug. The withdrawal symptoms you feel when you quit chew are signs that your body is recovering from this addiction. Most of the symptoms are the same as for people who stop smoking, because any tobacco use delivers nicotine into your body.

People have different experiences and may feel different symptoms. Withdrawal does not last long. Nicotine leaves your body quickly and is completely gone within two weeks. You may still experience some craving for chew after two weeks, but this will become weaker and less frequent with each week. There is no way to totally avoid withdrawal symptoms. Five things seem to help.

DRINK LIQUIDS AND STAY ACTIVE

Non-alcoholic drinks and high levels of activity seem to help most people going through withdrawal from nicotine. Drink lots of water (up to eight 8 oz. glasses a day) and stay active. Increase your activity by exercising, working out, walking, or doing whatever movement you can.

CHEW AND SNUFF SUBSTITUTES

Many chewers and dippers report that they need a substitute for the chew or snuff in their mouths. This can help you through the withdrawal from chew or snuff. There is no perfect substitute, but you can try a variety of non-tobacco products. There is a wide range of things that you can use to help fill this need for something in your mouth. People have used cinnamon sticks (the bark, not candy), beef jerky, sunflower seeds, chewing gum, hard candies (sugarless if possible), toothpicks, nuts, non-tobacco substitutes, and swizzle sticks. Some people have even reported using leather and duct tape when nothing else was available! Try different substitutes and see what you like. However, some chewers don't want any oral substitutes.

There are now a number of commercial brands of herbal non-tobacco substitute products that are packaged in a tin to look like snuff. Some are made of mint leaves, while others include clover, alfalfa, and other plant products. Many users find these helpful, as

they are finely ground to have a texture like snuff and come in a variety of flavors. **Appendix B** contains a list of these products and includes addresses and phone numbers for the companies that make them. Most of these products are distributed nationally and are available in convenience and grocery stores. If you cannot find the products locally, call the toll-free numbers provided and order them directly.

NICOTINE GUM OR NICOTINE SKIN PATCH

If you consider yourself a highly addicted chewer, you might want to consider nicotine gum or the nicotine skin patch. These medications are now available without a prescription.

Nicotine gum has been shown to be useful in reducing withdrawal symptoms when you quit chew. If you are a heavy user of smokeless (daily user, use more than 3 tins of snuff per week, and use a high-nicotine product such as Copenhagen), you are a good candidate for using nicotine gum. Follow instructions carefully to minimize side effects. See **Appendix C** for instruction on the proper use of nicotine gum. Please note that the gum will not give you as much nicotine as most chewers get from snuff or chew, and you will need to use at least 10 pieces of 4 mg. gum daily for at least six weeks.

The nicotine skin patch. There are several companies that market this product. The advantage of the patch is that it provides a steady dose of nicotine through your skin and you do not need to remember to use the gum. The patch also does not have the side effects, such as upset stomach or gas, which are sometimes reported by gum users. See **Appendix D** on proper use of the nicotine patch.

Note: New alternative nicotine delivery systems are coming on the market every year. For example, nicotine inhalers and nicotine nasal spray are now available by prescription. These nicotine replacement therapies have not been evaluated for use with smokeless tobacco users. The nicotine gum and nicotine patches have a long history of use, and chewers have reported a reduction of withdrawal symptoms when they used these products as aids to quitting.

ZYBAN® OR BUPROPION HCl

Zyban® is another medication that has been shown to help cigarette smokers quit. This product has a long history as an antidepressant medication and may be useful in helping you quit chew or snuff. Recent research has shown that using Zyban can significantly increase your success in quitting. This medication requires a prescription from your physician and you would need to take the medication daily for two weeks prior to your quit day and continue to take daily medication for at least a month. See your doctor for information on the proper use of Zyban. Although this medication has not been recommended by the FDA for use with smokeless tobacco cessation, it may be a useful aid to quitting. See **Appendix E** for more information on Zyban.

BRIEF APPLIED RELAXATION

Brief applied relaxation combines calm breathing and letting go of muscle tension. If you decide to use this method, try to do it as often as possible, particularly in the beginning. You will find yourself becoming more relaxed, and the withdrawal symptoms will be much less severe. There are three steps to relaxing:

1. Gently and deeply inhale from your stomach to a count of four.
2. Hold your breath for a count of one.
3. Exhale to a slow count of four. Gently and deeply exhale from your diaphragm and imagine letting go of tension and stress.

Try to do this relaxation exercise for a couple of minutes, several times during the day. The more you practice, the faster and easier it will be to achieve a relaxed state of mind.

You may also find that listening to a relaxation tape or CD will help you learn to relax. See the resource list in **Appendix F** for some suggestions.

Withdrawal Scale

Copy and use this Withdrawal Scale to measure your withdrawal symptoms daily. At the end of the day or at a set time each day note your symptoms. Compare your symptoms with those on previous days and notice how they disappear or become less severe. Do this for the first seven to ten days and see how it gets better each day.

.....

Today's Date: _____ **The Date You Quit Smokeless:** _____

Listed below are symptoms people have experienced when quitting tobacco use. Make copies of this scale for each day of your quit program. Fill out a copy every night to keep track of your withdrawal symptoms.

Instructions: Rate your withdrawal symptoms by circling the appropriate number.
(Scale: 0 = none, 10 = as bad as ever experienced)

	None										As bad as ever
Anger	0	1	2	3	4	5	6	7	8	9	10
Anxiety	0	1	2	3	4	5	6	7	8	9	10
Craving for nicotine	0	1	2	3	4	5	6	7	8	9	10
Difficulty concentrating	0	1	2	3	4	5	6	7	8	9	10
Increased appetite	0	1	2	3	4	5	6	7	8	9	10
Restlessness	0	1	2	3	4	5	6	7	8	9	10
Need a chew to feel better	Not at all	1	2	3	4	5	6	7	8	9	Always
Want a chew or dip for pleasure	Not at all	1	2	3	4	5	6	7	8	9	Always
Thinking about a dip or chew	Not at all	1	2	3	4	5	6	7	8	9	Always

Signs of Recovery

The symptoms of nicotine withdrawal are your body's signs of recovery from its addiction. You may experience some of the feelings listed below. Here are some suggestions on how to deal with these symptoms.

SYMPTOM	RESPONSE
Mood Changes Some ex-users experience a change in mood, such as increased irritability, anxiety, or tension. You may feel stressed or nervous. Concentration problems may also occur.	<ul style="list-style-type: none">• Breathe deeply/Practice relaxation.• Increase exercise.• Avoid alcohol or caffeine.• Get a massage.• Concentrate on an activity you enjoy.
Sleep Disturbances Some people sleep all the time. Others wake up at night, unable to fall back asleep, or have vivid dreams.	<ul style="list-style-type: none">• Avoid or reduce caffeine.• Get lots of exercise.• Go to bed later.• Try relaxation exercises.• Drink water and avoid alcohol.
Appetite Increase Sometimes appetite increases when you quit using chewing tobacco. This increase may be a concern if you are worried about weight gain.	<ul style="list-style-type: none">• Be aware of what you're eating.• Eat when you are hungry, not bored or craving chew.• Try eating hard, sugarless candy.• Increase exercise and water intake.
Cravings Some users experience a craving for chew or snuff. This strong desire usually subsides in intensity after a short period of time.	<ul style="list-style-type: none">• Use coping strategies rather than relying on willpower alone.• Change your daily routine.• Breathe deeply.• Keep active. Get involved in something you enjoy.
Constipation/Diarrhea Some people experience constipation or the opposite reaction when cutting down on nicotine.	<ul style="list-style-type: none">• Eat high-fiber foods, such as grains, fruits, and vegetables.• Diarrhea may require a mild, over-the-counter medication for a day or two.

4. Stay off Chew and Snuff

THE KEYS ARE:

1. Anticipate difficult situations.
2. Plan ahead on how to deal with the urge to use chew or snuff.

"I've never had a problem quitting. I really haven't, it's the staying quit. I mean, when I make up my mind to quit, I quit and that's it, for awhile. And then when I'm sitting around one day, usually when I'm drinking and someone else is over, I think I have proven to myself that I can quit any time that I need to. And then I take a dip."

-- Patrick

"I remember the first time I was trying to quit, I was out with some buddies and one guy said, 'That ain't gonna kill ya. Just have one.' It became perfectly obvious to me that I need to look at different places to go out and have fun."

-- Carl

Now that you have quit using snuff or chew, there will be times when you will want to use it again. This is normal. You need to be prepared for high-risk situations and plan ahead for how to deal with urges to use spit tobacco so that you do not get hooked again.

HIGH-RISK SITUATIONS

Think of times, places, or activities where the urge to use chew or snuff will be the strongest. It may be while you are fishing or hunting, watching sporting events, working, or after eating. Think about the times, places, or activities that you expect to be the most difficult for you not to chew.

PREPARING FOR TOUGH SITUATIONS

There will be situations in which you are at high risk to use chew or snuff. Think of when your need or desire for tobacco has typically been the strongest. These are the places or activities that have become associated with chew. These high-risk situations can trigger an urge to use chew or snuff.

You need to be prepared to deal with these urges to use smokeless. Use the Four A's on the next pages to help you plan how you will deal with urges for chew or with tough situations.

TIPS FOR SUCCESSFUL QUITTING

You will find that some times and places are a strong reminder to have a dip or chew. We recommend the **Four As** as ways to cope with urges to use smokeless. Since each strategy begins with an A, they're easy to remember.

Avoid 1.

One way to deal with tough situations is to *avoid* these settings or activities until you have been off chew or snuff long enough to have more confidence in being a nonuser. Maybe you can put off going fishing or being with your chewing friends for a week or two.

Alter 2.

This strategy is to *alter* your habits to cope better with the urge to chew. If you usually chew when drinking beer at a party or game, you could change to soft drinks or decaffeinated coffee to alter your association with chew. (Avoid alcohol for a while.) Think of ways you can change your pattern of behavior to break up the usual associations you have with chew or dip.

Alternatives 3.

When you get an urge to chew, you can substitute gum (sugar-free is best), sunflower seeds (unsalted are best), beef jerky, or non-tobacco snuff for your usual chew. Keep hard candies, gum, or seeds with you, so you can use them when you need something in your mouth.

Activities 4.

A lot of people chew or use snuff when bored or sitting around. Be active. When you get an urge to use chew, take a walk or bike ride, work out with weights, or try any other exercise or activity that can take your mind off the urge to chew.

"I started walking, every time I wanted a dip I started walking. And then, as I got into shape, I also quit alcohol a year later and I lost about 50 lbs over that time. So I dropped a lot of weight and I feel good about myself.

--Jorge

DEALING WITH TOUGH SITUATIONS

How will you deal with the situations in which you will want to use chew? Think ahead and plan now so you can act quickly to deal with your urges to use smokeless.

On the table below, briefly describe a situation in which you expect to have an urge to use chew or snuff. Then write out some ideas on how you can deal with it.

TOUGH SITUATION	<div>Enough</div> <div>SNUFF</div>	FOUR As PLAN
<p>Example: Going fishing.</p>		<p>Example: Take plenty of hard candies and gum with me, substitute soft drinks or juice. Take non-tobacco substitutes to use if I need it. Tell my buddies I am quitting and maybe just go fishing with non-users.</p>
<p>1. _____</p> <p>_____</p> <p>_____</p>		<p>_____</p> <p>_____</p> <p>_____</p>
<p>2. _____</p> <p>_____</p> <p>_____</p>		<p>_____</p> <p>_____</p> <p>_____</p>
<p>3. _____</p> <p>_____</p> <p>_____</p>		<p>_____</p> <p>_____</p> <p>_____</p>

LIVING WITHOUT CHEW OR SNUFF

Quitting is an ongoing process.

You may have slips when you feel a strong urge to use chew.

A slip is normal, but it does not mean you have relapsed.

A one-time use of snuff or chew does not mean you have failed at quitting. Use a slip or occasional lapse to learn how you can deal with that situation next time. It is common to have slips. Now put your effort into staying off totally.

Even if you went back to using smokeless, *quit again*.

Each time you quit, it will be easier.

Some people who quit tobacco addictions have to try several times.

If that is you, make a new plan and quit again — for good!

REMEMBER

Do Not Use Cigarettes or Cigars
When Trying to Quit Smokeless!

Quit Using ALL Tobacco.

CONGRATULATIONS

YOU BEAT THE SMOKELESS HABIT!

Reward yourself You have quit and you deserve to treat yourself to a reward. Beating your nicotine habit is tough. Be good to yourself and give yourself a special reward like having dinner out or buying some fishing or hunting gear or sports equipment. Tell your friends you are now tobacco-free. Go out and get yourself something special or do something special to reward your effort.

You deserve it You are now an ex-user of snuff or chewing tobacco. Keep in mind *why* you quit. Keep rewarding yourself one month, six months, and one year *after* you quit.

Be aware that urges will continue for a while, and you need to be prepared. If you continue to have cravings, review Section 3— Deal with Withdrawal (page 33).

"Thank you very much. I chewed tobacco for 15 years, and really wanted to quit when I had a family. Now my daughter will not wrinkle her nose when I kiss her."

-- Jamal

"Now I can sit back and look and say, 'Well chew really didn't do me any good.' 'Cause it didn't fix my problems. It didn't make me feel any better. It didn't give me answers to my problems, you know? It was just there."

-- Linda

"I was tired of tobacco controlling my life. I knew I had to beat it. Now that I have quit I will never go back to using that stuff."

-- Marty

Try Again

FOR THOSE WHO DID NOT QUIT THIS TIME

**Take it on as a
challenge.**

Beat the habit!

You can do it.

Get ready.

Get motivated.

Quit!

If you used the *Enough Snuff* program and have been unable to quit, don't give up. Quitting is a process. It often takes several tries before quitting for good. If you tried to quit but did not succeed, you are not a failure. Nicotine addiction is tough to beat, and you will need to try again.

Each time you try to quit, you learn something about yourself and what works best for you. Maybe you weren't motivated enough or ready to quit. Most ex-users say that when they succeeded in beating the smokeless habit, they were highly motivated and committed to quitting. Ask yourself, "Did I really try? Did I really want to quit, or was I just going through the motions?"

Learn from your mistakes. What could you do differently next time?

"Thanks for helping me quit. I tried before, but this time I really made up my mind to do it!"

-- Jeremy

- Was it the wrong time? (for instance, were you under too much stress?)
- Did I have support for quitting from friends and partners?
- Do I need nicotine replacement? (nicotine gum or patches)
- Did I relapse in a situation I could have planned for or avoided?

When you are ready, try again to quit. Like many things worth doing, it may be hard at first, but it is worth the effort.

APPENDIX A

CHECK OUT YOUR MOUTH

Smokeless tobacco can have harmful effects on your mouth. Doing an oral check will help you identify any problems in your mouth caused by your use of snuff or chew. *Stand in front of a mirror with good lighting and look for the things listed below.*

CHECK YOUR...

Face and Neck

Are both sides of your face and neck the same shape? Do both sides look and feel the same? Can you feel a lump on one side but not on the other?

Lips, Cheeks, and Gums

Pull the lower lip down to check for any sores, color changes, or gum changes. Look especially for white patches or areas where the color or texture of your mouth is rough or has furrows or ridges. Repeat the procedure for the inner cheeks especially *where you hold your tobacco*. Gently squeeze the lip or cheek between your fingers to check for any bumps or soreness.

NOTE: There are two pictures of lesions or sores provided on pages 16 & 17 and on the following page to help you know what to look for. When you first get lesions, you'll have white patches or marks (usually where you keep your tobacco). As the lesions get more advanced, the tissue becomes more furrowed with a greater discoloration and roughness of the tissue inside the mouth.

Floor of Mouth

Place the tip of your tongue on the roof of your mouth. Place one finger in the floor of your mouth and feel the floor of your mouth to detect any sores, bumps, or swelling.

Roof of Mouth

Tilt your head back and open your mouth wide enough to observe any color changes or bumps. Also, use your tongue to check for lumps on the roof of your mouth.

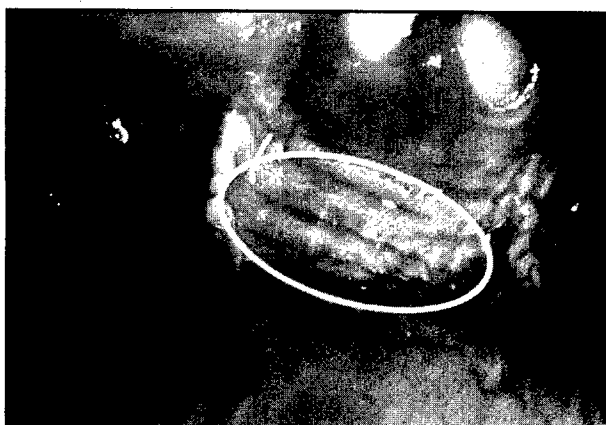
Tongue

Extend your tongue and look at the top surface. Use a piece of cloth or paper towel to gently grasp your tongue and pull it to each side. Gently feel both sides of your tongue with your index finger. Check for any color changes or bumps.

Check Out Your Mouth (continued)

Did your mouth exam find anything unusual? If you think that anything is unusual, you should see a dentist or physician as soon as possible. Many of these problems, such as white coloration or bumps or bleeding caused by your use of snuff or chew, will often disappear when you quit using tobacco.

You may not find any problems in your mouth. Quitting now will reduce your risk of future problems in your mouth. Even if you don't quit using spit tobacco, it is a good idea to *check out your mouth every month*.



A common lesion caused by smokeless tobacco.

Lesion

Notice the deep furrows or ridges and whitish appearance of this lesion. Most lesions of this type appear where the chew is held in your mouth. If you discover any type of lesion in your mouth, see a dentist immediately.

APPENDIX B

ORAL SNUFF SUBSTITUTES

1. GOLDEN EAGLE Herbal Chew

(flavors: Hibiscus Ginger, Wintergreen, Licorice Mint, & Original Cinnamon)

Write to: Coltsfoot, Inc., P.O. Box 5205, Grants Pass, OR 97528
1-800-736-8749 or 541-476-8267; Fax 541-476-0205
goldeneaglechew.com

2. SMOKEY MOUNTAIN Herbal Chew

(flavors: Cherry, Classic, and Wintergreen)

Write to: Smokey Mountain Chew, Inc.,
P.O. Box 511310, Milwaukee, WI 53203
1-800-SMC-CHEW (1-800-762-2439); Fax 414-224-9426
smokeysnuff.com

3. YOUNG'S Herbal Chew

(flavors: Regular, Ginger Red, Arctic Mint, and Wintergreen)

Write to: Young's Chew, 2625 Toqua Road, Chiloquin, OR 97624
541-783-3826; Fax 541-783-3827
youngschew.com

4. BACC OFF

(flavors: Straight, Wintergreen, Extra Wintergreen, Mint, and Cinnamon)

Write to: Dipstop, Inc., 656 Lake Lanier Rd., Selma, AL 36701
1-800-8NO-CHEW (1-800-866-2439) or 1-602-632-7984
dipstop.com

5. MINT SNUFF

(flavors: Original Mint, Wintergreen, and Cinnamon)

Write to: Oregon Mint Snuff Co., Customer Service
P.O. Box 9, Tillamook, OR 97141
1-800-EAT-MINT (1-800-328-6468)
mintsnuff.com or quittobacco.com

You can find these products in many supermarkets at about \$2-\$2.50 per can.

APPENDIX C

THE PROPER USE OF NICOTINE GUM

Nicotine gum is now available over-the-counter at drugstores. The gum comes in 2-mg and 4-mg doses and in regular and mint flavors. Chewers report that the 4-mg dose works better for quitting so we recommend using the 4-mg dose.

1. When you first quit you should use 10 pieces daily (but not more than 30 pieces). Using at least 10 pieces of gum will provide you with an adequate level of nicotine to minimize some withdrawal symptoms. Don't wait for a craving. Go ahead and use the gum as often as you would use snuff or chew. After two or three weeks, use the gum only when you feel a craving to use smokeless tobacco. Chew one piece of nicotine gum very slowly until you can taste it or feel a tingling sensation in your mouth, about 10-15 chews. This is to soften the gum and release some nicotine.
2. As soon as you can taste the gum, stop chewing and park the gum in the corner of your mouth, between your cheek and gum.
3. After the taste or tingling is almost gone, chew slowly again until you taste the gum, then stop chewing. After a few days, you will learn how to adjust your rate of chewing.

Remember, if you chew too quickly, you may experience side-effects, such as nausea, irritation of the throat, hiccups, or light-headedness. Stomach upset also may occur if you chew too fast, especially on an empty stomach. For best results, read and follow package instructions that come with nicotine gum.

4. Slowly chewing and then parking the gum releases the nicotine. The nicotine is absorbed through the lining of your mouth, just like with chew or snuff. Because 90% of the nicotine is absorbed in your mouth, it is important not to spit out your saliva, as you may have done while using smokeless tobacco.
5. The gum should be left in your mouth for 20-30 minutes to release all of the nicotine. You should not expect the gum to give you the same satisfaction as smokeless tobacco, but it can help relieve craving. **Tip:** Some chewers report using two pieces of gum at the same time to get a bigger piece in their mouth and to get more nicotine.

"I used nicotine gum. I started with 4 mg. And now use 2 mg. It really helped me get over this addiction."

--Matt

-
- 6.** If you find that nicotine gum is not effective in helping relieve some withdrawal symptoms, even after you increase the number of pieces of gum, you can try to chew at certain time intervals. For example, **use a piece of gum every hour.** This technique is more likely to maintain a steady level of nicotine in your body. Some research has shown good results if you use a piece of gum on a fixed schedule like one piece of gum every 45 minutes or hour. Don't wait until you have a craving.
 - 7.** **Do not drink coffee or any other beverages while chewing the gum.** Beverages reduce the amount of nicotine you will absorb in your mouth. Chew your gum first and drink your beverage **after** you are done with your gum. Abstain from drinking all beverages for 10 minutes before using the gum, as the acidity in your mouth is affected by beverages you drink.
 - 8.** If you have any problems or side-effects from the gum, discontinue use or call the toll-free help line provided by the manufacturer. You may also call your physician if the symptoms persist.

COST

Nicotine gum costs about the same as a can of snuff, approximately \$5 per day, if you use the recommended 10 pieces per day. Some insurance companies cover the cost of nicotine gum if your physician prescribes it.

WARNING:

Keep all drugs out of reach of pets and children.
Contact poison control if nicotine gum or patches
are accidentally eaten by children or pets.

APPENDIX D

NICOTINE SKIN PATCHES

The nicotine patch is used as an aid to help reduce cravings and other withdrawal symptoms you experience when quitting tobacco. When the patch is put on the skin, nicotine is gradually released and is absorbed through the skin. There are 24-hour patches and 12- to 16-hour patches. Some patches will use different sizes or doses. For example, with Nicoderm, which is a 24 hour patch, you will use a 21-mg patch daily for six weeks, then a 14-mg patch for two weeks, and finally the 7-mg patch for the last two weeks (10 weeks total). By moving to smaller dose patches, there is a gradual withdrawal from nicotine. Nicotine patches are now available without a prescription at pharmacies.

Clinical studies have found the nicotine patch doubles the success rate for smokers in their efforts to quit and stay quit. However, there have been few published studies evaluating the use of nicotine patches with chewers. Studies have shown that chewers and dippers using the patch report that it provides relief from withdrawal symptoms.

THE USE OF THE PATCH

The patch is most effective when used with a clear quitting plan, as outlined in this manual. Set a quit date, preferably in the next week or two, and then follow this advice:

- Get rid of all your chewing tobacco, snuff, and cigarettes before your quit day.
- Start applying the patch on your quit day. Don't chew or smoke once you start using the patch.
- Apply a new patch each day, and use a new location daily to avoid skin irritation.
- Keep using the patch for 4 weeks or longer for best results.
- Avoid high-risk situations where urges to chew or dip are strongest.
- Drink lots of water and other non-alcoholic liquids.
- You may still have some cravings and withdrawal symptoms with the patches. Plan on how to deal with this.
- Ask your friends to support your quit effort.
- It's normal to have a slip and use chew or snuff. After a slip, renew your commitment to quitting.

COST

Nicotine patches cost about the same as one tin of snuff a day. The price varies, \$4-5 a day, or approximately \$60 every two weeks. Some insurance companies cover the cost of patches if your physician prescribes them.

POSSIBLE SIDE EFFECTS OF NICOTINE SKIN PATCHES

- The most common complaint is skin irritation and sleep disruption. Apply the patch to any part of the body above the waist except the face, and move it to a new spot each day. The skin irritation usually comes from the adhesive used. If a rash persists, discontinue use.
- If you use the patch that delivers a dose of nicotine for 24 hours, you may experience sleep disruption or unusual dreams. You can remove the patch at bedtime and this should take care of that problem.

**Read instructions that
come with nicotine
substitute products.**

"This time quitting, I went a couple of weeks and didn't make it, went another week, stopped again, set another date. But finally I did it with the patches and the Zyban. That's when I was successful."

-- B.J.

"I have started using a nicotine patch (on recommendation from my doctor) two weeks ago. This patch has really made quitting easier. I have been a heavy user of smokeless for the past 14 years and have tried unsuccessfully to quit several times. I think that I will be successful now."

-- Glenn

APPENDIX E

ZYBAN® (BUPROPION HCl)

Zyban® (bupropion hydrochloride) is a prescription medication that is used to treat the negative withdrawal symptoms that can accompany tobacco cessation. Zyban is a prescription medication, see your physician to determine whether using it is appropriate for you. The cost of the drug may not be covered by your military health benefits, check with your physician about the availability of coverage for taking Zyban.

Studies have shown Zyban to be an effective treatment for smoking cessation combined with a behavioral plan. Results from recent studies indicate that it is also effective for smokeless tobacco users. These studies found that smokeless tobacco users who took Zyban were twice as likely to quit. It is particularly recommended for tobacco users who are highly addicted, have a history of early relapse, or have experienced depression when quitting their use of snuff or chew.

USING ZYBAN

It is important to start using Zyban before quitting tobacco because it takes a week or more for the drug to reach a stable level in the bloodstream.

If you choose to use Zyban, start approximately two weeks before your quit date. You should begin with a dose of one 150 mg tablet in the morning for 3 days, then increase to one 150 mg tablet twice per day. Most people should take Zyban for at least 7 to 12 weeks. Some people may need to take it for a longer period of time to assist in their tobacco cessation efforts. Follow your doctor's instructions.

If you are unable to quit successfully after 7 weeks of treatment with Zyban, you should discontinue use and try a different quitting method.

It is not physically dangerous to use smokeless tobacco and use Zyban at the same time. However, continuing to chew or dip after your quit date will seriously reduce your chance of breaking your smokeless tobacco habit.

COMBINING ZYBAN AND PATCHES OR GUM

Zyban and nicotine patches or nicotine gum can be used at the same time to reduce the withdrawal symptoms accompanying tobacco cessation, but should only be used together under the supervision of your doctor. Using Zyban and nicotine patches together may raise your blood pressure, sometimes severely. Tell your doctor if you are planning to use nicotine replacement therapy because your doctor will probably want to check your blood pressure regularly to make sure that it stays within acceptable levels.

RISKS OF TAKING ZYBAN

Side effects

Like all medications, Zyban may cause side effects. Possible side effects include high blood pressure, dry mouth, and difficult sleeping. Your doctor can discuss with you a more complete list of side effects that may be relevant to you.

Seizures

There is a chance that approximately 1 out of every 1000 people taking Zyban will have a seizure. The chance of having a seizure increases if you have a seizure disorder (for example, epilepsy), have or have had an eating disorder (for example, bulimia or anorexia nervosa), take more than the recommended amount, or take other medicines with the same active ingredient that is in Zyban, such as Wellbutrin Tablets and Wellbutrin SR Sustained Release Tablets

Who should definitely NOT take Zyban?

You should NOT take Zyban if you have a seizure disorder (for example, epilepsy), are already taking Wellbutrin, Wellbutrin SR, or any other medicines that contain bupropion hydrochloride, have or have had an eating disorder (for example, bulimia or anorexia nervosa), are currently taking or have recently taken a monoamine oxidase inhibitor (MAOI), are allergic to bupropion, or are a woman who is pregnant, trying to get pregnant, or breast-feeding.

APPENDIX F

RESOURCES ON QUITTING SMOKELESS TOBACCO

1. ***The S.T.O.P. Guide: Smokeless Tobacco Outreach and Prevention***
Applied Behavior Science Press
261 E 12th Ave, Suite 210
Eugene, OR 97401; 1-888-345-8744
www.appliedbehaviorscience.com
2. ***Spitting in the Wind: The Facts About Dip and Chew*** (a color brochure from the National Cancer Institute, produced by the Fox Chase Cancer Center). 1-800-4-CANCER
3. ***Enough Snuff & Big Dipper*** (videos)
Applied Behavior Science Press
261 E 12th Ave, Suite 210
Eugene, OR 97401; 1-888-345-8744
www.appliedbehaviorscience.com
4. ***Spit Tobacco and Head and Neck Cancer*** (brochures)
American Academy of Otolaryngology
One Prince Street
Alexandria, VA 22314
703-836-4444
5. ***Taking Control: 10 Steps to a Healthier Life, Reduced Cancer Risk, Quitting Spitting, Smokeless Tobacco: A Medical Perspective*** (photos), & ***The Cold Hard Facts About Dip***.
American Cancer Society (check your local phone listing or call national headquarters: 1-800-ACS-2345.)
6. ***The Health Consequences of Smokeless Tobacco***. A report from the Surgeon General.
(NIH Publication # 86-2874)
Attn: Louise Groves
Information Resources Press
5640 Nicholson Ln, Suite 300
Rockville, MD 20852
1-301-231-7537, ext. 205
7. ***Relaxation/Affirmation Techniques, Relax-Quick!, Relax into Healing: Finding the Peaceful Place Within, & Relax into Healing: Deep Healing Sleep***, by Nancy Hopps.
Audio cassettes & CDs available.
Dist. by ABSP
261 E 12th Ave, Suite 210
Eugene, OR 97401; 1-888-345-8744
www.appliedbehaviorscience.com
8. ***Sean Marsee's Smokeless Death*** (1985)
Reader's Digest, Reprint Editor
PO Box 406, Pleasantville, NY 10570
1-800-289-6457 (minimum order 100)
9. ***Smokeless Tobacco: A Deadly Addiction*** by Herbert H. Severson, Ph.D.
Applied Behavior Science Press
261 E 12th Ave, Suite 210
Eugene, OR 97401; 1-888-345-8744
www.appliedbehaviorscience.com

About The Authors



Herbert H. Severson received his Ph.D. from the University of Wisconsin, Madison and is a Senior Research Scientist at Oregon Research Institute in Eugene, Oregon. He has been involved with helping smokeless tobacco users for over 25 years.

Dr. Severson has received grants from the National Institute of Drug Abuse and National Cancer Institute to conduct some of the earliest studies on smokeless prevention and cessation. His experience includes research on the use of nicotine gum and patches to help people quit their use of snuff and chewing tobacco. He is currently

funded to conduct research on smokeless tobacco cessation and train dentists and hygienists to counsel patients to quit smokeless. He is also currently funded by the National Cancer Institute to evaluate self-help quitting programs and interactive computer based cessation programs for smokeless users. He has also produced an award-winning video on smokeless entitled *Big Dipper* and is the author of *Up To Snuff: A Handbook on Smokeless Tobacco* (3rd Edition, 2002). Other videos co-produced by Dr. Severson are *In Good Taste: Quit Chewing Tobacco to Improve Your Oral Health*, which was used in dental office-based tobacco cessation projects, and *Enough Snuff: A Video Program To Help You Quit Snuff or Chew*, which outlines the steps to beating the habit. He also produced a special edition of this video program for American Indians, which uses only Indian people in providing testimonials and tips. He also co-authored a self-help quit manual for baseball players, *Beat the Smokeless Habit: Game Plan for Success* (1991), which was distributed to all major-league baseball players.

Dr. Severson is one of the authors of the 1994 Surgeon General's Report *Preventing Tobacco Use Among Young People* and a 1994 report by the Institute of Medicine, *Growing Up Tobacco Free: Preventing Nicotine Addiction in Children and Youths*. He authored *Smokeless Tobacco: A Deadly Addiction* (1997), a booklet on smokeless tobacco for health educators. In addition to more than 100 articles published in professional journals, he co-authored a book published by the National Cancer Institute aimed at oral health professionals entitled *How to Help Your Patients Stop Using Tobacco: A Manual for the Oral Health Team* (1991). He also authored *The S.T.O.P. Guide: Smokeless Tobacco Outreach & Prevention* (1997), a comprehensive resource on this topic. Together with Steve Christiansen and Tom Jacobs, he recently produced three interactive computer-based cessation programs entitled *Chewer's Choice*, *X-Chew Challenge* and *Helping Your Patients Quit Tobacco* for national distribution.

Judith S. Gordon received her Ph.D. in clinical psychology from the University of Oregon, and is a Research Scientist at the Oregon Research Institute. She has more than 10 years' experience in helping smokeless tobacco users who want to quit. Dr. Gordon has counseled individuals and facilitated smokeless tobacco cessation groups for adult and adolescent smokeless tobacco users.



Dr. Gordon has over 15 years of experience in written and video educational material development. She has collaborated with Dr. Severson on self-help videos and manuals for chewers, and instructional materials for health care professionals who want to help their patients quit. Dr. Gordon has also consulted with Dr. Severson on the development of the interactive computer-based cessation programs, *Chewer's Choice* and *X-Chew Challenge*.

Dr. Gordon has received grants from the National Institutes of Health and the Robert Wood Johnson Foundation to conduct tobacco cessation and prevention research. She has designed successful programs to teach dental health care workers to counsel their tobacco-using patients, and is currently funded to develop and evaluate a public health approach to tobacco cessation, and a community-based program to prevent adolescent tobacco use.

Chewer's Choice CD-ROM

An Interactive Smokeless Tobacco Cessation Program for Adults

Chewer's Choice, an interactive CD-ROM, combines video, graphics, text, and animation to assess and evaluate adult users based on their smokeless tobacco habits. This unique and engaging "stand-alone" program assists the user in developing a plan to quit using smokeless tobacco. Individuals can set their own pace and access information at any time. Derived from Dr. Herb Severson's self-help cessation booklet, "Enough Snuff: A Guide for Quitting Smokeless Tobacco on Your Own", *Chewer's Choice* uses the metaphor of a baseball field to provide a visual and spatial image for chewers to assess where they are in the quitting process. The four bases indicate the major stages in the smokeless tobacco cessation process: **I Am Ready**; **I am Quitting**; **I Have Quit**, and **I Am Tobacco Free**. The four base paths outline the preparatory steps necessary to reach each stage: **Getting Ready**; **Planning to Quit**; **Dealing with Withdrawal**; and **Avoiding Relapse**. When the program is completed users receive an individualized, full color "Game Plan" printout based on responses to program queries regarding current tobacco use behavior, level of addiction, and readiness to quit. This user-friendly, mouse-driven program requires no typing skill.

Yes! I want to order a single copy of Chewer's Choice CD-ROM @ \$89.95 each: _____

Shipping and handling @ 8% of total; \$5.00 minimum: _____

TOTAL: _____

~ For multiple copies, please call ABSP for information ~

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The guide to the best smokeless tobacco quitting program -- it works!!

Enough Snuff is a self help cessation program designed for military personnel who want to quit their use of snuff or chewing tobacco. The program has been evaluated in clinical trials and found to be very effective. The guide provides a step by step quitting program that offers choices on ways to quit. The guide helps the user assess dependence, motivation, reasons for quitting, preferred quit method, and ways to cope with withdrawal. This revised edition contains new information and improvements in design based on user feedback.

"Reading 'Enough Snuff' changed my life. I knew that I always wanted to quit using tobacco. This study gave me a plan of attack that worked... Take smaller amounts, change brands, and have a quit date!! Thanks forever."

"I thank you very much. Your program has helped me to get rid of my ball and chain."

"I quit using chewing tobacco 3 months ago. Your book was very helpful outlining what steps to take to prepare and what to expect."

"After 15 years I finally just grew tired of it. Not to mention the dang COST! That's really what I got tired of. With the money saved on that stupid habit I've been able to finance a weekly golf game with no complaints from my wife! The book was the greatest help to me and I did it cold turkey! I recommend this to everybody that really WANTS to quit. Thank you."

Applied Behavior Science Press

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Draft

Smokeless Tobacco Study

Six-Month Follow-up Survey

IMPORTANT: USE BLACK OR BLUE INK PEN

Shade Circles Like This → ●

Not Like This → ⊗



For optimum accuracy, please print carefully and avoid contact with the edges of the box. The following will serve as an example:

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

Please respond to the following questions about your smokeless tobacco use. You are free to skip any specific questions you choose not to answer.

Today's date:

--	--

 /

--	--

 /

--	--

m m d d y y

1. Have you been deployed at any time during the past 6 months?

☐ yes ☐ no

If YES, for how long?

--	--

 months

2. Did you make a serious attempt to quit using snuff or chew since enrolling in this study?

☐ yes ☐ no

3. Did you set a quit date since enrolling in this study?

☐ yes ☐ no

4. Were you able to stay completely off smokeless tobacco (snuff or chew) for at least 24 hours at some point since enrolling in this study?

☐ yes ☐ no

5. Have you used smokeless tobacco at all during the past:

a. 1 month ☐ yes ☐ no

b. 3 months ☐ yes ☐ no

c. 6 months ☐ yes ☐ no

6. Have you used smokeless tobacco at all during the past 7 days?

☐ yes ☐ no

If you answered YES to Question 6, please continue with Question 7.
If you answered NO to Question 6, please skip ahead to Question 14, Page 3.

7. Do you currently use smokeless tobacco every day?

☐ yes ☐ no

8. How many days does a tin or pouch last you?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ more than 7

9. In what way is your current use of chew or snuff different from before you enrolled in this study? (Mark all that apply)

☐ No change in use

☐ I use fewer chews per day

☐ I use fewer tins per week

☐ I avoid using chew in certain situations

☐ I use smaller dips

☐ Other change (please describe):

--

10. Is your current brand different from the brand you used before you enrolled in this study?

☐ yes ☐ no

If YES, what brand of smokeless do you currently use?

Snuff:

- ☐ Copenhagen (any type) ☐ Silver Creek (any type)
☐ Cougar (any type) ☐ Skoal (any type, not Bandits)
☐ Hawken ☐ Skoal Bandits (any type)
☐ Kodiak (any type) ☐ Timberwolf (any type)
☐ Redwood ☐ Other _____

Chew:

- ☐ Taylor's Pride
☐ Beech-Nut
☐ Granger
☐ Levi Garrett
☐ Red Man

11. How many quit attempts have you made in the last 6 months?

attempts

12. Which of the following do you think were important in your not quitting or staying quit at this time?
(Check all that apply)

- ☐ being around people who chewed
☐ being deployed
☐ other work-related stress
☐ stressful situations in personal life
☐ pressure from friends
☐ difficulty coping with withdrawal symptoms
☐ I did not set a quit date
☐ the quit date I chose is still in the future
☐ I just slipped up and used it one day and then fell back in the habit
☐ I was concerned about gaining weight
☐ I really didn't want to quit
☐ other:

13. These statements show how some chew/snuff users feel about quitting. Mark the number that shows how you feel:

Not ready to quit		Should consider quitting some day		Should quit but not quite ready		Thinking about cutting down or quitting		Have cut down and seriously considering quitting		Ready to quit now
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10

The rest of the questions are for everyone, whether or not you have quit using smokeless tobacco.

14. Are you currently experiencing any oral health problems (like bleeding gums or mouth sores) that you think are related to your use of chew or snuff?

☐ yes ☐ no

Please indicate how frequently you experience any of the following:

15. Nicotine craving for a chew or dip

☐ rarely (once a week or less) ☐ occasionally ☐ frequently (almost every day)

16. Irritability

☐ rarely (once a week or less) ☐ occasionally ☐ frequently (almost every day)

17. Disrupted sleep

☐ rarely (once a week or less) ☐ occasionally ☐ frequently (almost every day)

18. Miss having a chew or dip

☐ rarely (once a week or less) ☐ occasionally ☐ frequently (almost every day)

19. Anger

☐ rarely (once a week or less) ☐ occasionally ☐ frequently (almost every day)

20. Anxiety

☐ rarely (once a week or less) ☐ occasionally ☐ frequently (almost every day)

21. Difficulty concentrating

☐ rarely (once a week or less) ☐ occasionally ☐ frequently (almost every day)

22. Drowsiness

☐ rarely (once a week or less) ☐ occasionally ☐ frequently (almost every day)

23. Restlessness

☐ rarely (once a week or less) ☐ occasionally ☐ frequently (almost every day)

24. The statements below describe degrees of depression or happiness. Please indicate the statement that best describes the degree of depression or happiness you felt, all things considered, during the past 7 days.

☐ Extremely depressed ☐ Somewhat depressed ☐ Neither depressed nor happy ☐ Somewhat happy ☐ Extremely happy

Please answer questions 25-28 about your smoking behavior, even if you have never smoked cigarettes.

25. Please check the statement that best describes your cigarette smoking habits during the last 30 days.

☐ I smoked regularly ☐ I smoked once in a while ☐ I did not smoke at all

If you smoke cigarettes, how many cigarettes do you usually smoke each day? cigarettes

26. Please check the statement that best describes your cigar or pipe smoking during the last 30 days.

☐ I smoked regularly ☐ I smoked once in a while ☐ I did not smoke at all

27. Did you smoke (cigarettes, cigars, or pipe) while trying to quit dipping or chewing?

☐ yes ☐ no

28. In what way is your current use of cigarettes, cigars, or pipe different from when you started in the study?
(Check all that apply)

- ☐ No change in use ☐ I have switched from cigarettes to cigars or pipe
☐ I smoke more each week ☐ I do not smoke
☐ I smoke less each week ☐ Other:

29. If you are in a long-term romantic relationship, and if your partner used tobacco (smokeless tobacco or cigarettes or other smoked tobacco products) when you enrolled in the study, which of the following best describes her or his tobacco use during the past three months?

- ☐ My partner quit using tobacco ☐ My partner continued using tobacco, no change
☐ My partner used less tobacco ☐ My partner did not use tobacco before I enrolled
☐ My partner avoided using tobacco around me ☐ I don't have a partner

30. If you are in a long-term romantic relationship, how supportive has your partner been of your effort to quit smokeless tobacco?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
not at all very
supportive supportive

- ☐ My partner doesn't know I use snuff/chew
☐ I don't have a partner

31. Did you use any of the following products to help you quit smokeless tobacco? (Check all that apply)

- ☐ nicotine gum ☐ herbal or mint snuff or chew
☐ nicotine patch ☐ chewing gum
☐ nicotine inhaler ☐ sunflower seeds or nuts
☐ nicotine lozenge ☐ candy
☐ Zyban (Wellbutrin) ☐ other:

32. What is your current weight?

--	--	--

 lbs

33. How confident are you that you will not be using smokeless tobacco a year from now?

- Not at all Somewhat Completely
1 2 3 4 5
☐ ☐ ☐ ☐ ☐

Thank you very much. Please return this survey in the prepaid envelope.

Statement of Informed Consent: Smokeless Tobacco Use in Military Personnel

This clinic is taking part in a smokeless tobacco research study. **If you chew tobacco or use snuff, we would like you to participate in this study.** We would like to get as close as possible to 100% of smokeless tobacco users to participate. The purpose of this study is to assess the effectiveness of a brief intervention on smokeless tobacco cessation.

Your participation involves the following:

- 1) Filling out the attached survey. You do not need to be ready to quit smokeless tobacco to participate. All information collected in this study will be kept confidential. Only research staff will have access to your information. All data will be stored by Oregon Research Institute, and this information will not be available to your dentist, other health care providers, or to anyone in the military.
- 2) Willingness to be contacted by phone at home or work and be offered a smokeless tobacco cessation program. If you agree to participate, you will be randomly assigned (like the toss of a coin) to the treatment group or the control group. If you are assigned to the treatment group, we will call you to discuss your tobacco use and offer you a cessation program that would help you quit using smokeless tobacco on your own at home. If you are assigned to the control group, you will not receive any phone calls or the cessation program. By agreeing to participate in the study you are not obligated to make a quit attempt even if you are assigned to the treatment group.
- 3) You will receive two more surveys by mail similar to the one attached, the first in 3 months and the second in 6 months.

Risks The risks involved in participating in this study may include:

- 1) Loss of confidentiality. We will be getting personal information from you. Your social security number will be used if needed to locate you for follow-up surveys and to document your phone conversations with counselors if you are assigned to the treatment group. There is always the slight possibility that someone who is not authorized might see the personal information that is requested from you. However, it is extremely unlikely that this will occur, and we will take every precaution to assure that your data remain anonymous.
- 2) Discomfort in discussing your use of tobacco. You may be unaccustomed to talking with someone about your tobacco use. However, our counselors have been extensively trained in this area and will be helpful, courteous, and respectful of your needs.
- 3) Withdrawal Symptoms. If you quit using smokeless tobacco, you may experience withdrawal symptoms from nicotine cravings such as hunger, anxiety, restlessness, or sleep disturbance. These symptoms are common for persons quitting their addiction to tobacco products. Our counselors have been extensively trained in this area and will be helpful, courteous, and respectful of your needs.

Benefits The benefits of participating in this study are:

- 1) You could receive a free smokeless tobacco quitting program that may enable you to quit without attending classes or medical appointments. Quitting tobacco may be the most important lifestyle change you can make to improve your health.
- 2) The information you give us may help other military personnel in the future.

☐ **YES, I am interested in participating in this study.** (You do not need to be ready to quit to participate.)

By signing below I give my consent for the information I provide on the attached survey to be used by scientists at Oregon Research Institute (Eugene, Oregon). I understand that completing this survey is voluntary, I may choose to skip any question, and that this information will be kept confidential.

I also give my consent to being contacted in the future, possibly offered a smokeless tobacco cessation program, and being sent follow-up surveys in the mail.

Printed name/ with rank _____	Signature _____	Date _____	Social Security Number (Optional) _____
Home address: _____ (Street, City, State and Zip Code)		Home phone: _____	<input type="checkbox"/> prefer daytime <input type="checkbox"/> prefer after 1700
Email address: _____	Work phone: _____		<input type="checkbox"/> best time is ____ morning ____ later <input type="checkbox"/> best time is after 1600
Put an * next to the number where you prefer to be contacted			

☐ **No, I am not interested in participating in this study.** AGE ____ years old SEX: ☐ Male ☐ Female